

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

A & D MANAGEMENT COMPANY
260 SECOND STREET
CHELSEA, MA 02150
Phone #617-884-0168 Fax #617-884-0279

RENTAL APPLICATION FORM

Do not write in this block.

Priorities: _____
Income Level: _____
Bedrooms: _____
Race: _____



Date _____

Name: _____ Phone # _____

Address: _____

City: _____ Zip _____

Mailing Address if different: _____

Date of Birth: _____ Marital Status: _____

Spouse's D.O.B. _____ Number of Children: _____

Present apartment: Number of bedrooms: _____ Number of Occupants: _____

Monthly Rent: _____ Utilities Included: _____ Mo. Utilities: _____

Present Landlord: _____ Phone # _____

Address: _____

How long have you lived there? _____ Is apartment in your name? _____

Previous apartment: Address: _____

Number of bedrooms: _____ Number of Occupants: _____

How long did you live there? _____ Was apartment in your name? _____

Name of landlord: _____ Phone # _____

Address: _____ City _____

EMPLOYMENT - Household member name: _____

Where employed: _____

Name of Supervisor: _____ Phone: _____

How long at this job. _____ Annual Wages: _____

Note: * Items so marked must be verified. Please sign the appropriate verification release as part of your application.

OTHER INCOME:

*** SOCIAL SECURITY:**

Type: _____ Amount \$ _____ Account # _____

Type: _____ Amount \$ _____ Account # _____

Type: _____ Amount \$ _____ Account # _____

***VETERANS BENEFITS:**

Claim # _____ Amount \$ _____

Serial # _____

*** PUBLIC ASSISTANCE:**

Soc. Sec. # _____ Type: _____ Amount \$ _____

***UNEMPLOYMENT COMPENSATION:**

Soc. Sec. # _____ Amount \$ _____

***PENSION** - Source of Pension _____

Address: _____

Pension # _____

Other - Please explain _____

***ASSETS**

Bank Name & Address: _____

Account Type and Account # _____ Amount \$ _____

Bank Name & Address: _____

Account Type and Account # _____ Amount \$ _____

INVESTMENTS:

Identify

Value

Dividend

Stocks, Bonds _____

Treasury Bills _____

Certificate of deposit _____

Market Funds _____

Real Estate _____

* Did you dispose of any assets within the past two years? (i.e. Real Estate):

YES _____ NO _____ Explain: _____

*** Credit References**

Name and Address _____ Account Number _____

In case of emergency, whom should we call?

Name _____

Relationship _____

Phone # _____

Address _____

Please list those people who will occupy the apartment:

Name	Date of Birth	Sex	Social Security #	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Please indicate any persons who are 18 years or older and are full time students:

Name	School	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Need Priorities: Tenant Applications are processed on the basis of need, as defined in the following list. Please indicate any priority that you feel describes your present housing situation. As a part of the processing of your application, your priority must be verified.

1. Displacement by natural disaster such as fire or flood within the past two years. Please specify

2. Displacement by public action. Please specify

3. Living in substandard conditions that affect the family's health or safety. Please specify:

4. Currently paying 50 percent or more of adjusted monthly income for housing (rent and utilities, excluding telephone). _____
5. Living in overcrowded living conditions. (e.g. more than two persons per bedroom). Please specify

EQUAL OPPORTUNITY/FAIR HOUSING INFORMATION

Please note that this is a preliminary application.

The following information will be required by the Federal Government to monitor this owner/management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is finished.

RACE OR NATIONAL ORIGIN

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> White/Non-Minority | <input type="checkbox"/> American Indian | <input type="checkbox"/> Black |
| <input type="checkbox"/> Spanish American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> I do not wish to furnish the above information | | |

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that this application constitutes my request for consideration as a tenant in one of your developments. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephone interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material noncompliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency and/or others inquiring about my tenancy with the apartment complex during and after my tenancy period.

IN COMPLIANCE WITH FEDERAL AND STATE FAIR HOUSING AND EQUAL OPPORTUNITY LAWS, ELIGIBLE INDIVIDUALS ARE CONSIDERED FOR HOUSING WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, AGE, CHILDREN, ANCESTRY, MARITAL STATUS, VETERAN HISTORY, PUBLIC ASSISTANCE RECIPIENCY OR HANDICAP (MENTAL OR PHYSICAL).

IF YOU OR A MEMBER OF YOUR FAMILY ARE A PERSON WITH DISABILITIES, AND YOU FEEL THAT A REASONABLE ACCOMMODATION BY US WOULD ALLOW YOU TO BECOME QUALIFIED PLEASE CONTACT US AND WE WILL MEET WITH YOU TO DISCUSS YOUR APPLICATION.

IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD NEED OR PREFER A UNIT WITH SPECIAL DESIGN FEATURES, PLEASE CHECK APPROPRIATE BOX: ☐ MOBILITY ☐ VISION
☐ HEARING ☐ OTHER _____

Warning: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make a willfully false Statement or misrepresentation on this rental application.

Applicants Signature

Signatures and proof of identification will be required of all those who sign lease.

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A